PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 085742-0290

In re Application of Bruce REIDENBERG, et al.	
Application Number 10/566,056 – CNF. 2084	Filed January 25, 2006
For PREOPERATIVE TREATMENT OF POST OPERATIVE PAIN	
Art Unit 1611	Examiner Isis A.D. GHALI

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

    ☐ One month (37 CFR 1.17(a)(1)) $ _____

    ☐ Two months (37 CFR 1.17(a)(2)) $ _____

    ☒ **Three months (37 CFR 1.17(a)(3))**   **$ 1,110**

    ☐ Four months (37 CFR 1.17(a)(4)) $ _____

    ☐ Five months (37 CFR 1.17(a)(5)) $ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ **The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500417.**

I am the ☐ applicant/inventor.

    ☐ assignee of record of the entire interest. See 37 CFR 3.71.
           Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

    ☒ **attorney or agent of record.   Registration Number: 52,392**

    ☐ attorney or agent under 37 CFR 1.34(a).
           Registration number if acting under 37 CFR 1.34(a)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEPTEMBER 13, 2010	/PAUL M. ZAGAR/
Date	Signature
General: (212) 547-5400	**PAUL M. ZAGAR, M.D.**
Telephone Number	Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.